**Miami Capoeira Sol e Lua**

**Release and Waiver of Liability Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, fully understand and appreciate that the participation, classes, instruction, and any usage of the facility in the sport of Capoeira carries a risk of serious injury. I voluntarily accept, recognize, and assume all risk for any potential injury including and not limited to the following: sprains, strains, fracture, paralysis, head/neck trauma, impaired mental function, impairment of sight/hearing, infectious diseases, and even death. I further accept all the risk of injury that may impair or eliminate my ability to perform gainful employment. I understand that the physical contact between me, the other students and the instructors is an unavoidable part of training that exposes me to injury. I also understand that proper instruction cannot and will not eliminate the risk of injury.

By signing this waiver, I hereby release, waive, discharge all my rights to sue Miami Capoeira Sol e Lua or its facility used ( Academy of Martial Arts), including its owners, managers, promoters, representatives, employees, officers, directors, agents, instructors, students, lessees of premises used for events/activities/classes, premise/event inspectors, underwriters, and consultants who give recommendations in an event which and injury or incident occurs or any damage is sustained. I also agree to indemnify and hold harmless all related entities for any damages incurred arising from any claims, demands, actions, lawsuits or clause of action by any participant. Furthermore, I understand that no refunds will be granted.

In the event I am injured or should require medical attention, I hereby authorize the Miami Capoeira Sol e Lua representative to contact a physician or medical services. If a physician or medical services cannot be reached, I hereby authorize the Miami Capoeira Sol e lua representative to secure necessary medical treatment for me.

If I am signing this waiver for a minor child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I agree that all the terms and conditions contained in the waiver shall apply to the child or children enrolled. I understand that Miami Capoeira Sol e Lua is at no time responsible for the supervision of children other than in class and even then only to the limits of verbal correction. I agree to be responsible for and supervise my children and guests that I bring into the facility. In the event of an injury, I hereby authorize the Miami Capoeira so e Lua representative to contact a physician/medical service if necessary. If a physician/medical service cannot be reached, I hereby authorize the Miami Capoeira Sol e Lua representative to secure necessary medical treatment for my child.

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Signature Date

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Signature of Guardian Date